



RIGHT OF WAY PERMIT

State Form 41769 (R5 / 3-00)

Approved by State Board of Accounts, 2000

Approved by Auditor of State, 2000

STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

Type of Permit:		
<input checked="" type="checkbox"/> Excavation	<input type="checkbox"/> Pole Line	<input type="checkbox"/> Bridge Attachment
<input type="checkbox"/> Miscellaneous		
District Crawfordsville	Subdistrict Cloverdale	Telephone number 765-361-5252
Project locations: 100 feet east of 267 on south side of road		Reference pt. number 55
Project description: to hook up to new customer		
Project purpose:		
Bond required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Penal Sum \$ --	Bond number --
PERMIT FEE: (Make check or bank draft payable to "Indiana Department of Transportation")		\$ 55
SPECIAL PROVISIONS: THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONABLE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HEREWITH IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.		
Signature of permit applicant		Printed name of permit applicant Robin Hood
Name of company organization Ma Bell		Telephone number 919-123-4567
Address (number and street, city, state, ZIP code) 123 Forest Way Locksley, NC 27555		
Inspector Leatha Coffing		
District Regulatory Supervisor Dave Whitworth		
District Director		

Application number
T0000000034

Road number
US-36

County number
32

Expiration date
3/10/2004

Issue date
3/10/2003

Permit number
E03C5CR0001